

SENATE BILL 2185

By Yarbro

AN ACT to amend Tennessee Code Annotated, Title 56,
relative to health insurance.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, Part 23, is amended by adding the following as a new section:

(a) As used in this section:

(1) "Health benefit plan" has the same meaning as defined in § 56-7-2203 and includes any state or local insurance program, under title 8, chapter 27, and any managed care organization contracting with the state to provide insurance through the TennCare program;

(2) "Religious employer" means an organization that is organized and operates as a nonprofit entity and is referred to in 26 U.S.C. § 6033(a)(3)(A)(i) or (iii); and

(3) "Therapeutic equivalent" has the meaning set forth by the food and drug administration.

(b)

(1) A health benefit plan shall provide coverage for all of the following contraceptive services and supplies:

(A) All FDA-approved contraceptive drugs, devices, and other products, including those prescribed by the covered person's provider or as otherwise authorized under state or federal law. The following conditions apply:

(i) If there is a therapeutic equivalent of an FDA-approved contraceptive drug, device, or product, the health benefit plan must include either the original FDA-approved contraceptive drug, device, or product, or at least one of its therapeutic equivalents;

(ii) If the covered contraceptive drug, device, or product is deemed medically inadvisable by the covered person's provider, the health benefit plan shall defer to the determination and judgment of the attending provider and shall provide coverage for an alternate prescribed contraceptive drug, device, or product;

(B) Voluntary sterilization procedures, including vasectomies except to the extent that such coverage would disqualify a high-deductible health plan from eligibility for a health savings account pursuant to 26 U.S.C. § 223;

(C) Patient education and counseling on contraception; and

(D) Follow-up services related to the drugs, devices, products, and procedures covered under this subsection (b), including, but not limited to, management of side effects, counseling for continued adherence, and device insertion and removal.

(2) A health benefit plan subject to this subsection (b) shall not impose a deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage provided pursuant to this subsection (b).

(3) Except as otherwise authorized under this section, a health benefit plan shall not impose any restrictions or delays on the coverage required under this subsection (b).

(4) Benefits for an enrollee under this subsection (b) shall be the same for an enrollee's covered spouse or domestic partner and covered nonspouse dependents.

(c)

(1) A religious employer may request a health benefit plan without coverage for FDA-approved contraceptive drugs, devices, products, or procedures used for contraceptive purposes that are contrary to the religious employer's religious tenets. If so requested, a health benefit plan shall be provided without coverage for the specified contraceptive services and supplies.

(2) Every religious employer that invokes the exemption provided under this subsection (c) shall provide written notice to prospective enrollees prior to enrollment with the plan, listing the contraceptive services and supplies the employer refuses to cover for religious reasons.

(3) Nothing in this subsection (c) shall be construed to exclude coverage for contraceptive drugs, devices, or products as prescribed by a provider, acting within the provider's scope of practice, for reasons other than contraceptive purposes, such as decreasing the risk of ovarian cancer or eliminating symptoms of menopause, or for contraception that is necessary to preserve the health or life of an enrollee.

(d)

(1) A health benefit plan must provide, at a minimum, coverage for:

(A) Items or services that have a rating of A or B in the recommendation of the United States Preventive Services Task Force;

(B) Immunizations that have a recommendation from the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists;

(C) With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the most recent version of the comprehensive Bright Future Guidelines developed by the American Academy of Pediatrics; and

(D) With respect to women, the following additional preventive care and screenings:

- (i) Breast cancer screening;
- (ii) Breast feeding support, services, and supplies;
- (iii) Screening for cervical cancer, including HPV testing;
- (iv) Screening for gestational diabetes;
- (v) Screening and counseling for HIV;
- (vi) Screening and counseling for interpersonal and domestic violence;
- (vii) Screening and counseling for sexually transmitted infections;
- (viii) Screening and counseling for hepatitis B and C;
- (ix) Well-woman preventive visits, including visits to obtain necessary preventive care, preconception care, and prenatal care;
- (x) Folic acid supplementation;
- (xi) Breast cancer chemoprevention counseling and preventive medications;
- (xii) BRCA risk assessment and genetic counseling and testing; and
- (xiii) RH incompatibility screening.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it, and shall apply to health benefit plans that are issued, entered into, or renewed on or after January 1, 2019.